



**THE CATHOLIC UNIVERSITY OF AMERICA**  
**Office of Student Financial Assistance**

**VERIFICATION OF IDENTITY AND  
EDUCATIONAL PURPOSE  
(2016-2017)**

Complete this verification form and submit it to the Office of Student Financial Assistance as soon as possible, so that your financial aid will not be delayed. Contact our office with questions you may have and we will be glad to help you.

**A. Student Information**

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Last Name	First Name	M.I.	I.D.
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**B. Identity and Statement of Educational Purpose**

Please complete one of the following *Identity and Statements of Educational Purpose Sections*

**Option 1: Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at **The Catholic University of America** to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal  
(Print Student’s Name)

student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **the Catholic University of America** for 2016–2017.

\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(Date)

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**C. School Use Only**

I certify that I have met this student in person and collected his/her valid government-issued ID and the Statement of Educational Purpose.

\_\_\_\_\_  
FINANCIAL AID OFFICIAL – CLEARLY PRINT YOUR NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF RECEIPT

**SUBMIT THIS FORM IN-PERSON AT THE ADDRESS BELOW:**

IN-PERSON	FAX	EMAIL
The Catholic University of America 620 Michigan Avenue NE, M300 Father O’Connell Hall Washington, D.C. 20064	unavailable	unavailable

\_\_\_\_\_  
 Last Name      First Name      I.D.

**Option 2: Identity and Statement of Educational Purpose (To Be Signed With Notary)**

If the student is unable to appear in person at **The Catholic University of America** to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver’s license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal  
 (Print Student’s Name)  
 student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **The Catholic University of America** for 2016-2017.

\_\_\_\_\_  
 (Student’s Signature)      (Date)

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_  
 \_\_\_\_\_ On \_\_\_\_\_, before me,  
 \_\_\_\_\_ (Date)  
 (Notary’s name)  
 personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory  
 (Printed name of signer)  
 evidence of identification \_\_\_\_\_ to be the above-named person who signed the  
 (Type of government-issued photo ID provided)  
 foregoing instrument.

**WITNESS my hand and official seal**  
 (seal)

\_\_\_\_\_  
 (Notary signature)

My commission expires on \_\_\_\_\_  
 (Date)

**D. School Use Only**

I certify that I have met this student in person and collected his/her valid government-issued ID and the Statement of Educational Purpose.

\_\_\_\_\_  
 FINANCIAL AID OFFICIAL – CLEARLY PRINT YOUR NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE OF RECEIPT

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**SUBMIT ORIGINAL NOTARIZED FORM BY MAIL AT THE ADDRESS BELOW:**

MAIL	FAX	EMAIL
The Catholic University of America 620 Michigan Avenue NE, M300 Father O’Connell Hall Washington, D.C. 20064	unavailable	unavailable